



The Commonwealth of
Massachusetts

TOWN OF HOLDEN

BOARD OF HEALTH

1196 Main Street, Holden, MA 01520
Phone 508-210-5542 Fax 508-829-0252

APPLICATION FOR SELLING TOBACCO AND NICOTINE DELIVERY
PRODUCTS

Fee: \$ 100.00 Expires July 31st Yearly

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

(Full name of person, firm or corporation making application)

(Give location by street and number)

(Phone)

(Fax)

(Email) required

FOR: SELLING TOBACCO AND NICOTINE DELIVERY PRODUCTS

(Print Name)

(Signature of Applicant)

(Phone)

(Address)

I have read the Town of Holden Tobacco Sales Regulation and am responsible for instructing any and all employees who will be responsible for tobacco and nicotine delivery products sales regarding both state laws regarding the sale of tobacco and this regulation.

* Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

** Social Security # (Voluntary)
or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant and a copy of a current tobacco sales license issued by the MA Department of Revenue is submitted.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c. 62C s. 49A.

Date Permit Issued : _____

Andrea Crete, Board of Health Agent

Permit # _____